

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

RESCHEDULING FORM

Check type of exam. Enclose non-refundable fee of \$20.00: Payable to KDADS (**check or money order**).

___ 90-Hour CNA Test

___ 20-Hour Home Health Aide Test

Candidate Information

A COPY OF IDENTIFICATION WITH YOUR SOCIAL SECURITY NUMBER MUST BE ON FILE.

Name _____
Last First MI Other Names Used

If name change, submit documentation (i.e.: marriage license, divorce decree, new ss card).

Social Security Number _____ - _____ - _____ Birth date ____/____/____ Sex ___ Male ___ Female

Address _____
Street City State Zip

Phone Number Home () _____ Work () _____

Retake (Failed the test one or more times): ■ Yes ■ No **Do not use this form** if currently enrolled in a course or if you have failed the state test three times within a year from the beginning date of your course.

TEST SITE PREFERENCE (Please check the appropriate site):

___ Atchison	___ Concordia	___ Great Bend	___ Kansas City CC	___ New Strawn	___ Wichita
___ Beloit	___ Dodge City	___ Hays	___ KC Donnelly	___ Pittsburg	___ Winfield
___ Burlingame	___ El Dorado	___ Hutchinson	___ Liberal	___ Parsons	___ Junction City
___ Chanute	___ Emporia	___ Independence	___ Manhattan	___ Pratt	___ Overland Park
___ Coffeyville	___ Fort Scott	___ Iola	___ McPherson	___ Salina	
___ Colby	___ Garden City	___ Kansas City ATS	___ Merriam	___ Topeka	

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments and to send my test results to my instructor.

Candidate's Signature

Date

Return this form and attachments to:

**Health Occupations Credentialing/KDADS
503 S KANSAS AVENUE
Topeka KS 66603-3404
Phone number: (785) 296-1240**

Web site: www.kdads.ks.gov

Revised 06-30-12

Candidate, **PLEASE NOTE:**

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
2. You must be able to provide your social security number on the test for identification.
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1240 to request a rescheduling form which requires an additional fee of \$20.00.
5. Each candidate has a total of three attempts per year from the beginning date of the course to successfully complete the written state test.
6. If the test is not passed within one year from the starting date of the initial course, the course must be retaken to be eligible to retake the test.
7. **ALL FEES ARE NOT REFUNDABLE.**
8. The time limit is two hours unless other accommodations to address a disability are requested and approved (no oral tests are given for the home health aide test).
9. If a special accommodation is needed, you **MUST** submit the candidate's "Accommodation Request Evaluation Form" with this application.
10. Certificates are approximately 4 weeks after the test date.
11. To dispute a score, you must contact the department within six months from the test date.
12. To request a score, you must contact the department in writing at the address listed below.

Health Occupations Credentialing, KDADS
503 SOUTH KANSAS AVENUE
Topeka, Kansas 66603-3404
(785) 296-1240

Web site: www.kdads.ks.gov